

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# **Short Form Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)



Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Ā	For the	2014 calend	ar year, or tax year beginning October 1, , 2014, and ending	Septe	ember 30	, 20	15
В	Check if a	pplicable:	C Name of organization	D Emplo	yer identifi	cation numb	N.
Ę	Address	change	Experience Hampton, Inc.		27-37		
늗	Name cha	-	Number and street (or P.O. box, if mail is not delivered to street address)  Room/suite	E Teleph	one numbe	r	
⊢	Inibal rebu		PO Box 1601		603-50	2-5411	
焠	Amended	m/termineted	City or town, state or province, country, and ZIP or foreign postal code	F Group	Exemption	วก	
定		on pending	Hampton, NH 03843-1601	Numb	per 🟲		
:: <b>G</b>	Account	ting Method:		heck >	if the	organizatio	n is not
	Website	-				Schedule B	
لہد	Тах-ехеп			Form 99	0, 990-EZ,	or 990-PF).	
			☑ Corporation ☐ Trust ☐ Association ☐ Other				
L	Add line	s 5b. 6c. and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	assets			
			r) are \$500,000 or more, file Form 990 instead of Form 990-EZ	)	2 <		43946
· -	Part I		e, Expenses, and Changes in Net Assets or Fund Balances (see the in	nstruci	tions for	Part I)	43740
			the organization used Schedule O to respond to any question in this Part I				. 🗹
<u> </u>	11		ns, gifts, grants, and similar amounts received		1		13867
) 1	2		ervice revenue including government fees and contracts	·	2		10007
.,,	3	_	ip dues and assessments	· · ·	3		145
	4	Investment	•	F	4		<del></del> 1
	•		unt from sale of assets other than inventory 5a	⊦	<del></del>		
	5a				ł		
	b				Ea		
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) d fundraising events	⊦	5c		
	6	-	ome from gaming (attach Schedule G if greater than		ſ		
	а			2010			
	<b>.</b>		me from fundraising events (not including \$ of contributions	9068			
			aising events reported on line 1) (attach Schedule G if the	,	1		
			h mana income and contributions are and \$45,000\	20045	]		
	_			20865	ļ		
	d		t expenses from garning and fundraising events [6c] e or (loss) from garning and fundraising events (add lines 6a and 6b and subt	7180			
	u	line 6c)	e or floss) from gaining and fundaising events faud times of and ob and sub-	uaci	c.,		
	7-	•	and important language and allowance	. ,	6d		22753
	7a		s of inventory, less returns and allowances		j		
	b				<b>-</b> -		
	C		t or (loss) from sales of inventory (Subtract line 7b from line 7a)	٠ , ١	7c		
	8		nue (describe in Schedule O)	: : }	8   9		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			<del></del> .	36766
	10 11		similar amounts paid (list in Schedule O) RECEIVED		10		500
	-		id to or for members	· · -			
	12	Salanes, or	ther compensation, and employee benefits	-	12		
	13			_	13		6784
	14	Occupanc	y, rent, utilities, and maintenance	· ·  -	14		
	15	Printing, pt	iblications, postage, and snipping	-	15		
	16		nses (describe in Schedule O)		16	<del></del>	24652
	17	10tal expe	nses. Add lines 10 through 16		17		31936
	18		deficit) for the year (Subtract line 17 from line 9)	· · L	18		4830
	19		or fund balances at beginning of year (from line 27, column (A)) (must agree				
		•	r figure reported on prior year's return)	-	19		40995
	20		ges in net assets or fund balances (explain in Schedule O)	<b>)</b>	20		
	21		or fund balances at end of year. Combine lines 18 through 20	<u>. ▶  </u>	21		45825
	Papen	work Reduct	on Act Notice, see the separate instructions. Cat. No. 10642		For	m <b>990-EZ</b>	(2014)

Pa						
	Check if the organization used Schedule	O to respond to a	ny question in this		<u></u>	<u> </u>
	·		<u>[</u>	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	40995	22	4582
23	Land and buildings		. <i></i> <u>.</u>	·	23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			40995		45825
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column				27	45825
Par	<del>-</del>	•		· _		Expenses
M/bal	Check if the organization used Schedule t is the organization's primary exempt purpose?				(Rec	uired for section
	• • • • • • • • • • • • • • • • • • • •			<del></del>		(c)(3) and 501(c)(4) inizations; optional for
as m	ribe the organization's program service accompline reasured by expenses. In a clear and concise money the concise of the concise of the control of the cont	nanner, describe the	r its three largest p e services provided	the number of	othe	
28	Organize and manage the 2014 Christmas parade					
	(O. arts A. A. Mallis and a state of the sta		anta abarlahan	. m		
00	<del></del>	includes foreign gra	ints, check here .	<u> ▶ U</u>	28a	27959
29	Support Memorial Day events with Flags and Flower	5				<b>\</b>
	(Grants \$ ) If this amount	includes foreign gra	ints, check here	▶□	<b>29</b> a	190
30	/ It allocation	monago torogn gra				1
•						İ
						1
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ 🗆	30a	ı <u>l                                     </u>
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	<del></del>
32	Total program service expenses (add lines 28a	through 31al		🕨	32	28149
Par	List of Officers, Directors, Trustees, and Ke	y Employees (list eacl	n one even if not com	pensated—see the ir		
		y Employees (list eacl	n one even if not com ny question in this	pensated—see the ir Part IV		
	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	y Employees (list each O to respond to a (b) Average	n one even if not com ny question in this (c) Reportable compensation	pensated—see the ir Part IV (d) Health benefits, contributions to employe	nstru	ctions for Part IV)
	List of Officers, Directors, Trustees, and Ke	y Employees (list each O to respond to a	n one even if not com ny question in this (c) Reportable	pensated—see the ir Part IV	nstru	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	y Employees (list each e O to respond to an (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employe	nstru	ctions for Part IV)
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	y Employees (list each e O to respond to an (b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	nstru (e)	ctions for Part IV)
John	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Nyhan, President	y Employees (list each e O to respond to an (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	nstru	ctions for Part IV)
John	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	y Employees (list each e O to respond to an (b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV	nstru (e)	ctions for Part IV)
John Russ	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Nyhan, President	(b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not peld, enter -0-)	pensated—see the ir Part IV	nstru	ctions for Part IV)
John Russ	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title  Nyhan, President ell Bridle, Vice President	(b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not peld, enter -0-)	pensated—see the ir Part IV	nstru	ctions for Part IV)
John Russ Dyan	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title  Nyhan, President ell Bridle, Vice President	(b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV	nstru	ctions for Part IV)  Estimated amount of other compensation
John Russ Dyan	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title  Nyhan, President ell Bridle, Vice President a Martin, Treasurer	(b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru	ctions for Part IV)  Estimated amount of other compensation
John Russ Dyan Dean	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title  Nyhan, President ell Bridle, Vice President a Martin, Treasurer	(b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0	ctions for Part IV)
John Russ Dyan Dean	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title  Nyhan, President ell Bridle, Vice President a Martin, Treasurer  Merrill, Trustee  Tinios, Trustee	(b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV	0 0	ctions for Part IV)
John Russ Dyan Dean	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title  Nyhan, President ell Bridle, Vice President a Martin, Treasurer  Merrill, Trustee	(b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)  Estimated amount of other compensation  0
John Russ Dyan Dean John Bob I	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title  Nyhan, President ell Bridle, Vice President a Martin, Treasurer  Merrill, Trustee  Preston, Trustee	(b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not peld, enter -0-)	pensated—see the ir Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)
John Russ Dyan Dean John Bob I	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title  Nyhan, President ell Bridle, Vice President a Martin, Treasurer  Merrill, Trustee  Tinios, Trustee	(b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)  Estimated amount of other compensation  0  0  0
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John Russ Dyan Dean John Bob I	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title  Nyhan, President ell Bridle, Vice President a Martin, Treasurer  Merrill, Trustee  Preston, Trustee	(b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not peld, enter -0-)	pensated—see the ir Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)
John Russ Dyan Dean John Bob I Kriste	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title  Nyhan, President ell Bridle, Vice President a Martin, Treasurer  Merrill, Trustee  Preston, Trustee en Russell, Trustee  Frost, Trustee	(b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)
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John Russ Dyan Dean John Bob I Kriste Buck	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title  Nyhan, President ell Bridle, Vice President a Martin, Treasurer  Merrill, Trustee  Tinios, Trustee Preston, Trustee en Russell, Trustee Frost, Trustee  y Waddell, Trustee	(b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not peld, enter -0-)	pensated—see the ir Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)
John Russ Dyan Dean John Bob I Kriste Buck	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title  Nyhan, President ell Bridle, Vice President a Martin, Treasurer  Merrill, Trustee  Preston, Trustee en Russell, Trustee  Frost, Trustee	(b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)
John Russ Dyan Dean John Bob I Kriste Buck Nanc	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title  Nyhan, President ell Bridle, Vice President a Martin, Treasurer  Merrill, Trustee  Tinios, Trustee  Preston, Trustee en Russell, Trustee  Frost, Trustee  y Waddell, Trustee  lorgenstern, Trustee	(b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not peld, enter -0-)	pensated—see the ir Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)  Estimated amount of other compensation  0  0  0  0  0
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John Russ Dyan Dean John Bob I Kriste Buck Nanc	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title  Nyhan, President ell Bridle, Vice President a Martin, Treasurer  Merrill, Trustee  Tinios, Trustee  Preston, Trustee en Russell, Trustee  Frost, Trustee  y Waddell, Trustee  lorgenstern, Trustee	(b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not peld, enter -0-)	pensated—see the ir Part IV	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV)

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		٧
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	• •		i .
ь 38a	Did the organization file Form 1120-POL for this year?	37b 38a		~
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Initiation fees and capital contributions included on line 9			l
b	Gross receipts, included on line 9, for public use of club facilities			į
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		•
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		,	
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	,	` ,	
0	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<u>,                                    </u>
41	List the states with which a copy of this return is filed ▶			
42a	1110 01941111111111111111111111111111111	503-92		2
b	Located at ▶ 100 Winnacunnet Rd, Hampton, NH ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶	038 42b	Yes	No 🗸
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			İ
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	L	~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	• •	. I	<b>▶</b> □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	
b	completed instead of Form 990-EZ	448		-
	completed instead of Form 990-EZ	44b	<b> </b>	V
d	Did the organization receive any payments for indoor tanning services during the year?	44c		~
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		~

Form 99	0-EZ (2014)						P	age 4
46	Did the organization engage, directly or into candidates for public office? If "Yes,"						Yes	No
Part		s only			····		or line	
	Check if the organization used Sc	hedule O to respond	I to any question in t	this Part VI				
47	Did the organization engage in lobbying	activities or have a			during the t	tax [	Yes	No
	year? If "Yes," complete Schedule C, Par					47	1	<b></b>
48	Is the organization a school as described i		•			48	<b>├</b> ─	
49a b	Did the organization make any transfers to if "Yes," was the related organization a se	•		zauon		49a 49b	<del>                                     </del>	
50	Complete this table for the organization's	_		her than offic	cers. directo		es an	d kev
	employees) who each received more than							
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans, comper	to employee and deferred	(e) Estimate other con		
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga (a) Name and business address of each independent	's five highest compe anization. If there is no	. >	<del></del>		received		than
		<del></del>				<del></del>		
		<del> </del>						
<del></del>		· · · · · · · · · · · · · · · · · · ·				<del></del>		
d 52	Total number of other independent control Did the organization complete Schedule A	•	ction 501(c)(3) orga	ınizations m		a ▶∐ Yes		 4o_
Inder p	enalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other than	return, including accompan n officer) is based on all info	ying schedules and statem rmation of which preparer	ents, and to the has any knowle	best of my knodge.	owledge and	belief, i	it is
Sign Here	Signature of officer  John Nyhan, President  Type or print name and title			Date	. 4/3	0/15		
Paid Prep	Print/Type preparer's name	Preparer's signature	D	ite	Check   self-employ			
Use (	Only Firm's name > Firm's address >				n's EIN ▶ ne no.			<u></u>
viay tr	e IRS discuss this return with the prepare	r snown above? See i	INSTRUCTIONS			Yes	<u> </u>	10

Form 990-EZ (2014)

#### SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury

**Supplemental Information Regarding Fundralsing or Gaming Activities** 

Complete if the organization enswered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public

internal	Revenue Service	Information al	oout Schedule G (Fo	orm 990 or 991	)-EZ) and its	Instructions is at we	nv.irs.gov/form990.	Inspection
Name o	of the organization	<u> </u>					Employer identific	cation number
Exper	ience Hampton I							3761026
Par		ising Activities. 90-EZ filers are r				vered "Yes" to I	Form 990, Part IV,	line 17.
1						wing activities. (	Check all that apply.	
a	☐ Mail solicit	•	masou iunoo i	• •		on of non-govern		
ь	=	nd email solicitatio	ne	<i>f</i> [	_	on of governmen	•	
-	☐ Phone soli			a [		fundraising event		
ď		solicitations		8 -	, opoota.	bile coming over it	•	
2a			iten or oral agre	ement with	any individ	dual (including of	ficers, directors, trus	tees
							fundraising services	
b	If "Yes," list th		d individuals or e	entities (fun			ments under which th	
	(i) Name and addre or entity (fu		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (1)	(vi) Amount paid to (or retained by) organization
				Yes	No			<del> </del>
1			l					
							1	
2								
			<del> </del>	<del> </del>		<del></del>	<del> </del>	<del> </del>
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8					]			ļ
9	<del></del>			† — —				
10	<del></del>	<del></del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>		<del> </del>
10								
Total	<del></del>						<del></del> .	

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pá	art II	Fundraising Events. Com than \$15,000 of fundraisin gross receipts greater than		and gross income on	i Form 990-EZ, lines T 8	and 6b. List events with
	·		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	Ì		Golf Tournament	•		(add coi. (a) through
			(event type)	(event type)	(total number)	col (c))
92						
Revenue	1	Gross receipts	20865		<u> </u>	
쮼						
	2	Less: Contributions	<del> </del>	<del></del>	<del> </del>	
	3	Gross income (line 1 minus				
		line 2)	20865		<del> </del>	
		Cost pizza				
	4	Cash prizes			<del> </del>	<del></del>
	5	Noncash prizes				
		Tronocomprized				
383	6	Rent/facility costs				
Ĕ		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>	<del></del>
笳	7	Food and beverages	2095		<u> </u>	
Direct Expenses		_				
Ä	8	Entertainment			<u> </u>	
_		į			j .	
	9	Other direct expenses .	3435		<u> </u>	
					_	
	10	Direct expense summary. Add	d lines 4 through 9 in c	olumn (d)		5530
	ł .					
D-	11	Net income summary. Subtra	ct line 10 from line 3, c	olumn (d)		15335
Pa	ł .	Net income summary. Subtra Garning. Complete if the	ct line 10 from line 3, c organization answer	olumn (d)		15335
	11	Net income summary. Subtra	ct line 10 from line 3, c organization answer	olumn (d)		15335
	11	Net income summary. Subtra Garning. Complete if the	oct line 10 from line 3, c organization answer 30-EZ, line 6a.	olumn (d) red "Yes" to Form 99	▶ 20, Part IV, line 19, or	15335 reported more (d) Total gaming (add
Revenue	11	Net income summary. Subtra Garning. Complete if the	oct line 10 from line 3, c organization answer 30-EZ, line 6a.	olumn (d) red "Yes" to Form 99	▶ 20, Part IV, line 19, or	15335 reported more (d) Total gaming (add
	11 rt III	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99	oct line 10 from line 3, c organization answer 30-EZ, line 6a.	olumn (d) red "Yes" to Form 99	▶ 20, Part IV, line 19, or	15335 reported more (d) Total gaming (add
Revenue	11 rt III	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99	oct line 10 from line 3, c organization answer 30-EZ, line 6a.	olumn (d) red "Yes" to Form 99	▶ 20, Part IV, line 19, or	15335 reported more (d) Total gaming (add
Revenue	11	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	oct line 10 from line 3, c organization answer 30-EZ, line 6a.	olumn (d) red "Yes" to Form 99	▶ 20, Part IV, line 19, or	15335 reported more (d) Total gaming (add
Revenue	11	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99 Gross revenue	oct line 10 from line 3, c organization answer 30-EZ, line 6a.	olumn (d) red "Yes" to Form 99	▶ 20, Part IV, line 19, or	15335 reported more (d) Total gaming (add
Revenue	1 2 3	Net income summary. Subtra  Gaming. Complete if the than \$15,000 on Form 99  Gross revenue  Cash prizes  Noncash prizes	oct line 10 from line 3, c organization answer 30-EZ, line 6a.	olumn (d) red "Yes" to Form 99	▶ 20, Part IV, line 19, or	15335 reported more (d) Total gaming (add
Revenue	11 rt III 1 2	Net income summary. Subtra  Gaming. Complete if the than \$15,000 on Form 99  Gross revenue	oct line 10 from line 3, c organization answer 30-EZ, line 6a.	olumn (d) red "Yes" to Form 99	▶ 20, Part IV, line 19, or	15335 reported more (d) Total gaming (add
	11 11 2 3	Net income summary. Subtra  Gaming. Complete if the than \$15,000 on Form 99  Gross revenue  Cash prizes  Noncash prizes	oct line 10 from line 3, c organization answer 30-EZ, line 6a.	olumn (d) red "Yes" to Form 99	▶ 20, Part IV, line 19, or	15335 reported more (d) Total gaming (add
Revenue	1 2 3	Net income summary. Subtra  Gaming. Complete if the than \$15,000 on Form 99  Gross revenue  Cash prizes  Noncash prizes	act line 10 from line 3, c organization answer 90-EZ, line 6a. (a) Bingo	olumn (d) red "Yes" to Form 99  (b) Pull tabs/instant bingo/progressive bingo	(e) Other garning	15335 reported more (d) Total gaming (add
Revenue	11 m lll 2 3 4 5	Set income summary. Subtra Gaming. Complete if the than \$15,000 on Form 95  Gross revenue	act line 10 from line 3, conganization answer 30-EZ, line 6a.  (a) Bingo	olumn (d) red "Yes" to Form 99  (b) Pull tabs/instant bingo/progressive bingo	(c) Other garning	15335 reported more (d) Total gaming (add
Revenue	11 11 2 3	Net income summary. Subtra  Gaming. Complete if the than \$15,000 on Form 99  Gross revenue  Cash prizes  Noncash prizes	act line 10 from line 3, c organization answer 90-EZ, line 6a. (a) Bingo	olumn (d) red "Yes" to Form 99  (b) Pull tabs/instant bingo/progressive bingo	(e) Other garning	15335 reported more (d) Total gaming (add
Revenue	11	Gaming. Complete if the than \$15,000 on Form 95  Gross revenue	ct line 10 from line 3, corganization answer 30-EZ, line 6a.  (a) Bingo	olumn (d)	(c) Other garning	15335 reported more (d) Total gaming (add
Revenue	11 rt      1 2 3 4 5	Set income summary. Subtra Gaming. Complete if the than \$15,000 on Form 95  Gross revenue	ct line 10 from line 3, corganization answer 30-EZ, line 6a.  (a) Bingo	olumn (d)	(c) Other garning	15335 reported more (d) Total gaming (add
Revenue	11	Gaming. Complete if the than \$15,000 on Form 95  Gross revenue	ct line 10 from line 3, corganization answer 30-EZ, line 6a.  (a) Bingo  Yes %  No  d lines 2 through 5 in co	olumn (d) red "Yes" to Form 99  (b) Pull tabs/instant bingo/progressive bingo  Yes %  No	(c) Other garning  Yes %  No	15335 reported more (d) Total gaming (add
Revenue	11 2 3 4 5 6 7 8	Gross revenue	ct line 10 from line 3, corganization answer 30-EZ, line 6a.  (a) Bingo  Yes %  No  d lines 2 through 5 in cords.	olumn (d) red "Yes" to Form 99  (b) Pull tabs/instant bingo/progressive bingo  Yes %  No  No  No  No	(c) Other garning  Yes %  No	15335 reported more (d) Total gaming (add
Revenue	11 2 3 4 5 6 7 8 En	Gross revenue	Tyes %  No d lines 2 through 5 in consultation conducts ganization conducts ganization answer.	olumn (d) red "Yes" to Form 99  (b) Pull tabs/instant bingo/progressive bingo  Yes %  No  No  No  ne 1, column (d)	(c) Other gaming  Yes % No	15335 reported more  (d) Total gaming (add col. (a) through col. (c))
Direct Expenses Revenue	11	Gross revenue	Tyes %  No d lines 2 through 5 in consultation conducts ganization conducts ganization answer.	olumn (d) red "Yes" to Form 99  (b) Pull tabs/instant bingo/progressive bingo  Yes %  No  No  No  ne 1, column (d)	(c) Other gaming  Yes % No	15335 reported more (d) Total gaming (add
Direct Expenses Revenue	11	Gross revenue	Tyes %  No d lines 2 through 5 in consultation conducts ganization conducts ganization answer.	olumn (d) red "Yes" to Form 99  (b) Pull tabs/instant bingo/progressive bingo  Yes %  No  No  No  ne 1, column (d)	(c) Other gaming  Yes % No	15335 reported more  (d) Total gaming (add col. (a) through col. (c))
Direct Expenses Revenue	11	Gross revenue	Tyes %  No d lines 2 through 5 in consultation conducts ganization conducts ganization answer.	olumn (d) red "Yes" to Form 99  (b) Pull tabs/instant bingo/progressive bingo  Yes %  No  No  No  ne 1, column (d)	(c) Other gaming  Yes % No	15335 reported more  (d) Total gaming (add col. (a) through col. (c))
Direct Expenses Revenue	11 2 3 4 5 6 7 8 En a ls: b lf.	Gross revenue	Tyes %  No  No  Subtract line 7 from line 3, corganization answer 30-EZ, line 6a.  (a) Bingo  Ves %  No  d lines 2 through 5 in cord. Subtract line 7 from line ganization conducts gainduct gaming activities	olumn (d)	(c) Other gaming    Yes %   No   No	15335 reported more  (d) Total gaming (add col. (a) through col. (c))
Direct Expenses Revenue	11	Gross revenue	Tyes %  No  No  Subtract line 7 from line 3, corganization answer 30-EZ, line 6a.  (a) Bingo  Ves %  No  d lines 2 through 5 in cord. Subtract line 7 from line ganization conducts gainduct gaming activities	olumn (d)	(c) Other gaming    Yes %   No   No	15335 reported more  (d) Total gaming (add col. (a) through col. (c))
Direct Expenses Revenue	11	Gross revenue	Tyes %  No  No  Subtract line 7 from line 3, corganization answer 30-EZ, line 6a.  (a) Bingo  Ves %  No  d lines 2 through 5 in cord. Subtract line 7 from line ganization conducts gainduct gaming activities	olumn (d)	(c) Other gaming    Yes %   No   No	15335 reported more  (d) Total gaming (add col. (a) through col. (c))

Schedu	lle G (Form 990 or 990-EZ) 2014 Page
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?
13	Indicate the percentage of garning activity conducted in:
	The organization's facility
_	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
• •	records;
	Name ►
	Address ▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of garning revenue received by the organization ▶ \$ and the
_	amount of garning revenue retained by the third party > \$
c	If "Yes," enter name and address of the third party:
	Name ►
	Address►
16	Gaming manager information:
	Name▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17	Mandatory distributions:
··a	
_	retain the state garning license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or
_	spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

OMB No. 1545-0047

Name of the organization		Employer identification number
Experience Hampton Inc.		27-3761026
Page 1, Line 10- Grants and similar amounts paid:		
Donation to Hampton Historical Society	\$250	
Donations to local charity golf outings	250	
Total	\$500	
Page 1, Line 16- Other expenses:		
Parade expenses, other than payments to coordinator	\$23,659	
Other expenses	993	
Total	\$24.652	

e of the organization		Employer identification n	umber
o or are organization			